

## Department of Children and Family Services Family Medical Leave Act Designation Notice

**To:** \_\_\_\_\_ **Employee**  
**From:** \_\_\_\_\_ **Employer Representative**  
**Date:** \_\_\_\_\_

This notice is to inform you that:

- ☐ Your FMLA Leave request is not approved.
- ☐ The FMLA does not apply to your leave request.
- ☐ You have exhausted your FMLA leave entitlement in the applicable 12-month period.
- ☐ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.
- ☐ Additional information is needed. (See page 2.)
- ☐ You will be (or have been) placed on FMLA leave as of \_\_\_\_\_ and are expected to return to work on or about \_\_\_\_\_. This leave will be designated as FMLA leave and will be counted against your FMLA entitlement.

The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

- ☐ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_
- ☐ Because the leave you need will be unscheduled or is currently unknown, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. Absences counted as FMLA leave are shown on your bi-weekly pay statement (available on line via LEO), or you may request this information once in a 30-day period (if leave was taken within that 30-day period).

Be advised:

- You are required to use paid leave (annual, sick or compensatory time, as allowed by Civil Service rules.) When accrued paid leave balances are insufficient to meet the FMLA entitlement, unpaid (leave without pay) leave will be granted. All such paid or unpaid leave taken for this reason will count against your FMLA leave entitlement.
- You ☐ **will or** ☐ **will not** be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position ☐ **is or** ☐ **is not** attached. If attached, the fitness-for-duty certification must address your ability to perform these functions

☐ **Additional information is needed**

- ☐ Sufficient certification to support your request for FMLA leave. The Eligibility Notice specifies the date this certification must be submitted.
- ☐ Sufficient documentation to establish the required relationship between you and your family member, as specified on the Eligibility Notice.
- ☐ Other information needed, as specified on the Eligibility Notice.
- ☐ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than \_\_\_\_\_ unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. Information needed to make the certification complete and sufficient:

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If sufficient information is not provided in a timely manner, your leave may be denied. It is the employee's responsibility either to furnish a complete and sufficient certification or to furnish the health care provider providing the certification with any necessary authorization in order for the health care provider to provide a complete and sufficient certification to DCFS to support your FMLA request.